

**Entry Blank—Please Type or Print**

☐ Ms./Artist

☒ Mr./Artist

GERALD KRAMER

(last name last)

Permanent  
Address

2565 OVERLOOK RD., CLEVE. HTS.

Street

City

44106

Daytime Tel. (

932-6071

Zip

area

Temporary or  
Studio Address

Street

City

Daytime Tel. ( )

Zip

area

If you do not presently live in one of the counties of the Western  
Reserve, in which county were you born? \_\_\_\_\_

Collaborator (if any) \_\_\_\_\_

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense:

Street

City

State

Zip

**Special Instructions**

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

**The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.**

Signature

Gerald Kramer

I have received the unsold/unaccepted object(s) in good condition.

Signature

Gerald Kramer

# Entry Blanks

## A

☒ Paintings  
☐ Sculpture

☐ Graphics  
☐ Crafts

☐ Photography  
(specify category)

Materials used (media): **ACRYLIC PAINT ON BOARD**

Title

**THIRD FLOOR TUB**

Price or NFS

**\$1000.00**

Insurance Value  
if NFS Only

Size

**26" x 20"**  
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in  
Edition

Price of Print  
Unframed

Price of  
Frame Only

ACCEPTED

**X**

NOT ACCEPTED

DO NOT WRITE IN THIS SECTION

**1-127**

**3 71a pt**

ACCEPTED

**X**

NOT ACCEPTED

## B

☒ Paintings  
☐ Sculpture

☐ Graphics  
☐ Crafts

☐ Photography  
(specify category)

Materials used (media): **ACRYLIC PAINT, CUT PAPER AND COLORED PENCIL**

Title

**METRO LIBRARY**

Price or NFS

**NFS**

Insurance Value  
If NFS Only

**\$1000.00**

Size

**24" x 18"**  
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in  
Edition

Price of Print  
Unframed

Price of  
Frame Only

ACCEPTED

NOT ACCEPTED

**X**

DO NOT WRITE  
IN THIS SECTION

**3 72a pt**

ACCEPTED

NOT ACCEPTED

REC'D

DATE

**3/3**

Detach entire portion along dotted line and submit with slides, but retain tags